TRI-STATE CRUISERS
MEMBERSHIP APPLICATION

Date:_____

Name: _____ _____ _____
Last First Birth Date

Spouse: _____ _____ _____
(or Significant Other) Last First Birth Date

Address: _____
Street or P.O. Box
_____ _____ _____
City State Zip Code

Home Phone : (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Spouse Work:(_____) _____

e-mail: _____@_____

Children living at home under 18, name and birth date: _____

_____

Vehicles: (year, make, model) _____

_____

_____

Authorization: I authorize my name, address and phone numbers to be given to each paying member of the TRI-STATE CRUISER car club in a Club Directory. This list will also be submitted to the National Street Rod Association for publishing in the NSRA "FELLOWPAGES" directory, published annually by the NSRA and distributed to it's membership.

YES _____NO _____.

_____ _____
Signature Date

RECEIPT: $ _____ received for membership fee ($15.00) and _____monthly dues.

BY:_____